

Case Investigation Form (CIF), Clinical Outcome — Instructions

Please complete the CIF for a suspect, probable, or confirmed case of smallpox. You may return to the record at any time to enter new or updated information. If you want to exclude a record from that which you send to your point of contact (POC), select **Delete** from the menu bar. This does not delete the record from your database but will prevent sending it to someone else. When the record is ready to include among those transmitted to your POC, select **Undelete**.

Completing the CIF: General Information

This form originated from the Smallpox Post-Event Surveillance (SPES) Form, OMB 0920-0008, Exp. Date 6/2003

- **Bolded** questions, circled on the SPES, are required fields.
- Numbered questions are original to the SPES.
- * Questions beginning with an asterisk have been added and may not have OMB clearance.
- *Italicized* questions and sections contain information entered on another, referenced, page of the form and must be changed there, if needed.
- Sections for which the title is in CAPITAL LETTERS are original to the SPES.

Coding Checks: To maximize data integrity, some fields may be unavailable because of a response(s) to another question(s). Other checks may highlight potential errors, show a pop-up message, and autofill **Invalid Fields** with the name of the field containing possibly erroneous information. Highlighted fields will be cleared when the record is closed. Highlighting and **Invalid Fields** will be cleared when fields are corrected.

The following guidance is organized by section and question.

Case Identification

Return to the **Case Identification** page to change information in these 'Read-Only' fields:
CCDC Case ID; Case ID; First Name; Last Name

Hospitalization

45. *Was Case Admitted to Hospital?* [Read-only]

Return to the **Core Data for CDC Part II** page to change information in this fields.

Medical Record Number

Enter in the space provided. Use the 'Transmit Data to CDC' button on the Smallpox Menu to ensure that protected health information is excluded from the database.

Hospital Name

Enter the name of the hospital and location (city and state) in the indicated spaces. For **State**, select from the drop-down list.

Helpful Hint: Selecting a Response from a Drop-Down List

Typing the first letter or two will minimize the need for scrolling.

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Date Admitted; Date Discharged

If the response to **Hospitalized on Core Data for CDC Part I** is Yes, enter a date in MM/DD/YYYY format or click in the box to select a date from the drop-down calendar.

Zip

Enter the requested information in the space provided.

* State FIPS Code (Case) [Read-Only]

This field is autofilled and will change if **State** changes.

County

Select **County** from the drop-down list.

County FIPS Code (Case) [Read-Only]

This field is autofilled and will change if **County** changes.

GET GEO-COORDINATES [Command Button]

Click on this button to autofill the latitude and longitude for the hospital zip code.

* Latitude (zip code); Longitude (zip code) [Read-Only]

Click on the GET COORDINATES button to automatically populate this field with the latitude assigned to the hospital name.

* Longitude (zip code) [Read-Only]

Click on the GET COORDINATES button to automatically populate this field with the longitude assigned to the hospital name.

Transferred or Admitted to Another Hospital

46. Was case admitted/transferred to 2nd hospital?

Select a response from the drop-down list. If the response to this question is Yes, enter the requested information in this section in the spaces provided.

Case Outcome

47. *Did the patient die from smallpox illness or any smallpox complications? If Yes, specify date*

Return to the **Core Data for CDC Part II** page to change information in these fields.

* Was decedent released to a medical examiner or coroner?

Select a response from the drop-down list.

* ME Record ID

If the response to the previous question is Yes, enter information in the space provided, if known. Use the 'Transmit Data to CDC' button on the Smallpox Menu to ensure that protected health information is excluded from the database.

Please Validate This Information

* Invalid Fields? To change, return to fields. [Read-Only]

Review information in this field; return to the designated field(s) to correct invalid data.

* Code on this page has been validated.

Check the box to the left if information in the fields listed in **Invalid Fields** is correct.

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REPORTING SOURCE: Jurisdiction

Return to the **Case Identification** page to change information in the following 'Read-Only' fields:
Reporting State; Reporting County; Date first reported to public health

NAVIGATION BUTTONS

(bottom of page)

PREVIOUS PAGE [Command Button]

Click on the button to go to **Clinical Course**.

ENTER ANOTHER CASE [*Command Button*]

Click to enter another record; otherwise, select **Save** from the task bar to save the record.

Select **File - > Open Form** to select another data entry form within the Project or close the form by selecting the **X** in the red box in the upper right corner or select **File - > Close Form**.